

City of Milwaukie - City Hall
Attn: Jason Wachs
10722 SE Main Street
Milwaukie, OR 97222
(503) 786-7568 PH
wachs@MilwaukieOregon.gov



Temporary Event Application for Permit

Permit, if issued, authorizes the applicant to conduct the temporary event that is described herein paying close attention to any conditions of approval that are attached.

- ◆ At least two (2) months prior to your temporary event, mail your complete application to the above address.
- ◆ An application submitted for review less than one (1) month prior to the event will be denied.

I. Applicant Information

Applicant Name: _____
Contact Person (If differs from applicant): _____
Applicant Organization/Business (If any): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Business Phone: _____
Cell phone during event: _____
Address of Event: _____
Email: _____

II. Event Information

This event is a (check all that apply):

☐ Parade ☐ Festival ☐ Concert ☐ Sales Event ☐ Other _____

Name of event: _____

Purpose of event: _____

Date/s of Event: _____ Starting Time: _____ Ending Time: _____

Is this a recurring event? ☐ Yes ☐ No Day (s) of week _____

Estimated attendance per day: _____

Does your event involve the use of a park? Yes ____ No ____

If so, what is the name of the park and where is it located? _____

Most of Milwaukie's parks are managed and maintained by the North Clackamas Parks & Recreation District (NCPRD). You can reserve spaces at North Clackamas Park, Stringfield Park, the Milwaukie Center and the Sara Hite Memorial Rose Garden. All other NCPRD parks are available on a first-come, first served basis. If your event is requesting the use of a park please visit NCPRD's Web site at www.NCPRD.com or call (503) 742-4348 to learn more about what is available.

A. Size, type and location of **SIGNS** that will be displayed; and

B. If your event will close streets a **SITE/TRANSPORTATION MAP** with a narrative of what streets will be closed (if any) and how traffic will flow in and around your event. See below for information about requesting to close public parking stalls. (Attach further documentation to this form if necessary).

Streets affected:

Do you intend to use a city-owned parking lot? ____ Yes ____ No

If yes, please give the location _____

Are you requesting to close public parking stalls anywhere in the city? ____ Yes ____ No

If you answered yes, what type of parking stalls are you requesting? ☐ Angled or ☐ Parallel

Number of spaces requested _____

Are all spaces requested directly in front of your business? ____ Yes ____ No

If not, the other business owner/s must agree in advance to the closures by signing here:

Name of Business: _____

Business Owner/Representative (Print or Type): _____

Business Owner/Representative (Signature): _____

Name of Business: _____

Business Owner/Representative (Print or Type): _____

Business Owner/Representative (Signature): _____

How will you block off the spaces? (e.g. orange cones, stanchions, etc.) _____

Diagram of parking stalls requested for closure. Please include signage, lighting, and other safety precautions: (Attach further documentation to this form if necessary)

Is a county or state owned street or road affected by your event? ____ Yes ____ No

If so, you must contact the Clackamas County Dept. of Transportation at 503-650-3452 and/or the Oregon State Dept. of Transportation at 503-653-3086.

III. Further Considerations

1. Will food be served or prepared at your event? Yes ____ No ____

If so, you must obtain a Food Handler's License from Clackamas County by calling (503) 650-3659.

2. Will alcoholic beverages be available at your event? Yes ____ No ____

If so, you must obtain an OLCC (Oregon Liquor Control Commission) permit by calling (503) 872-5000.

3. Will there be any live or amplified entertainment or noise be generated at your event? Yes ____ No ____

If so, please complete a noise variance form, which is attached to this application in section VI.

4. Will additional electrical wiring be installed for your event? Yes ____ No ____

5. Will your event require restroom facilities? Yes ____ No ____ The City recommends following the recommended guidelines for temporary restrooms as show in this table:

	1 hr	2 hrs	3 hrs	4 hrs	5hrs	6hrs	7hrs	8hrs	9hrs	10 hrs
50	1	1	1	1	2	2	2	2	2	2
100	2	2	2	2	3	3	3	3	4	4
250	3	3	3	4	4	4	5	5	6	6
500	4	4	5	5	6	6	7	7	8	8
1000	6	7	8	8	9	9	10	10	11	12
2000	9	12	15	16	17	17	18	18	19	19
3000	12	18	22	24	25	26	27	28	29	30
4000	16	24	29	32	34	35	37	38	39	40

6. Have you arranged for security at your event? Yes ____ No ____

If so, who will be providing security: _____

7. Describe your plans for Emergency Medical Services: _____

At least one trained emergency services provider (Minimum Certification - Emergency Medical Technician 1) shall be present on-site throughout the temporary event.

8. Describe your plans for trash minimization and removal. Include information as to the number, types and locations of all trash receptacles, a schedule for monitoring and emptying trash receptacles, and plans for cleaning up debris not placed in trash receptacles. Include information on any persons or entities who will be providing trash related services. (Attach additional sheets if needed)

IV. Applicant is responsible for obtaining all additional permits, licenses, and insurance certificates required upon the issuance of this Temporary Event Permit. Please fulfill all of the obligations listed below before submitting this application.

() **CLEAN UP:** Applicant agrees to promptly clean up all paper or debris caused by applicant's use of the area and understands that if such clean up is not promptly undertaken the City reserves the right to do the cleaning itself and to charge the applicant for the actual time and expense incurred.

() **INSURANCE:** Applicant agrees to provide a policy of liability insurance. This insurance shall provide coverage for not less than \$1,000,000 for personal injury to each person, \$1,000,000 for each occurrence involving property damage; or a single limit policy of not less than \$2,000,000 covering all claims per occurrence. The limits of the insurance shall be subject to statutory changes as to maximum limits of liability imposed on municipalities of the State of Oregon. This insurance shall be without prejudice to coverage otherwise existing and shall name as additional insured the City of Milwaukie and its officers, agents, and employees. The sponsor agrees to maintain continuous coverage for the duration of the permit.

() **INDEMNITY:** Applicant agrees to defend, indemnify and hold the City of Milwaukie harmless from and against all claims, losses, and liability arising out of personal injuries, including death, and damage to property which are caused by applicant, or arising out of or in any way connected with the activities conducted pursuant to this application. The last page of this application contains an agreement form that you must sign and date before this application is reviewed.

() **CITY CODES/PERMITS:** Applicant agrees to obtain all City permits and licenses that may be required, and shall comply with all other City laws and other conditions that the City Manager determines necessary. The Noise Control Variance form that is attached must be completed to fulfill this obligation. The Police Department will determine if such a variance is necessary after reviewing the variance application.

() **CONDUCT/NUISANCES:** Applicant understands that if the outdoor activity is conducted in such a way as to create a nuisance for any business or resident of the area, future permits may be denied for that reason alone. Applicant will be notified as soon as practical that the activity engaged in created a nuisance and may ask for a review of such determination.

() **SITE /TRANSPORTATION MAP:** This application will not be processed unless a site map is included. Indicate location of tents, stages, portable restrooms, fencing, food booths, alcoholic and non-alcoholic beverage booths, etc.

() **SIGNAGE PLAN:** This application will not be processed unless a sign plan is provided with details of sign size and location.

I have read all information contained within the City of Milwaukie's Temporary Event Permit Application Packet and agree to abide by the terms and conditions contained herein.

Applicant's Signature: _____ **Date:** _____

V. Indemnification Agreement for Temporary Event Permit

Note: All applicants must sign this Indemnification Agreement.

Grantee acknowledges and agrees as follows:

In consideration of the City's approval of this application for a temporary event permit, applicant accepts responsibility for the event and agrees to indemnify, defend and hold harmless the City of Milwaukie, its officials, employees, agents, volunteers, and assigns from and against any and all claims, suits, liabilities and expenses (including but not limited to, damages, attorney fees, and costs) that may be asserted against the City of Milwaukie arising out of or in any way related to the temporary event for which permission is sought.

Applicant acknowledges that applicant has carefully read the foregoing and understands its contents. Applicant warrants that applicant is authorized to sign this document and does so freely and without reservation.

Applicant Name (print or type): _____

Applicant Signature: _____ **Date:** _____

VI. Noise Control Variance

If your event includes live or amplified entertainment or is expected to generate noise you may be asked to obtain a noise variance. The Milwaukie Police Department will review the entire application and determine if a Noise Variance is required. If a variance is not necessary it will be noted on this application and reported to the event applicant. If a variance is necessary it will be noted on this application and reported to the event applicant along with an explanation of why it was or was not approved.

Variance Information

Reason for the variance: _____

The time and duration of the emitted sound: _____

For Police Use Only

The physical characteristics of the emitted sound:

The geography, zone and population density of the affected area:

Residential ☐ Commercial ☐ Industrial ☐ Noise-sensitive ☐

Population density: Light ☐ Medium ☐ Heavy ☐

Is the public health and safety endangered by the noise: Yes ☐ No ☐

Does the sound source predate the receiver: Yes ☐ No ☐

Does the compliance with the standard(s) from which the variance is sought produce hardship without equal or greater benefit to the public:
Yes ☐ No ☐

Is a Noise Variance Required for this Event: Yes ☐ No ☐

(Note: If a Variance is required please complete the rest of the application, if not please sign on the next page where it reads "Authorized by" and return with other department recommendations.)

If a Noise Variance is required, is it granted: Yes ☐ No ☐
Yes, but with conditions to follow ☐

Please provide a brief description of why this application was approved or denied and if it is approved with conditions please list the conditions below:

Authorized by:

FOR OFFICE USE ONLY – Department Recommendations

Name of event/purpose: _____

Note: Please review and respond to this proposal by sending an email to Jason Wachs in the City Manager's Office at wachs@MilwaukieOregon.gov.

In your response please include your department/organization name, the name of the person who reviewed the application, whether or not it is approved or denied, and any conditions of approval. Call (503) 786-7568 with any questions.

____ This is a city-sponsored or supported activity. ____ This is an independent event.

City of Milwaukie:

Building ☐

Engineering ☐

Facilities ☐

Planning ☐

Police ☐

Streets ☐

Other (As applicable) _____ ☐

Regional and State Partners (If applicable):

Oregon Department of Transportation (ODOT) ☐

North Clackamas Fire District #1 ☐

North Clackamas Parks & Recreation District (NCPRD) ☐

TriMet ☐

Other _____ ☐